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## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
USPTO	Daniel Marks
COMPANY:	DATE:
	10/12/2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
10/663,979 - Revocation of Power of Attorney	

☐ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLEASE RECYCLE

## NOTES/COMMENTS:

Please find four (4) Revocation of Power of Attorney forms; one form from each of the inventors.

Thank you for your attention to this matter.

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T-280 P002/005 F-613

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/663,979
Filing Date	09/17/2003
First Named Inventor	Daniel M. Marks
Title	Method of Playing A Slot Machine
Art Unit	3714
Examiner Name	Meagan J. Thomasson
Attorney Docket Number	110293.133US1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ **INDIVIDUAL**  
Practitioners associated with the Customer Number:

000061302

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

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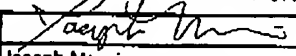
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	October 12, 2006
Name	Joseph Masci	Telephone	201 825 1711
Title and Company	Art Manager, PTT LLC (d/b/a High 5 Games)		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name	Meagan J. Thomasson
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 OR

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☐ Firm or  
Individual Name

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State

Zip

Country

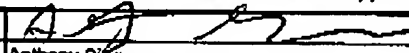
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Email

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	October 12, 2006
Name	Anthony Singer	Telephone	201 825 1711
Title and Company Managing Member, PTT LLC (d/b/a High 5 Games)			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

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Art Unit	3714
Examiner Name	Meagan J. Thomasson
Attorney Docket Number	110293.133US1

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OR

☒ The address associated with Customer Number:

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OR


<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	October 12, 2006
Name	Howard Marks	Telephone	201 825 1711
Title and Company	Managing Member, PTT LLC (d/b/a High 5 Games)		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	October 12, 2006
Name	Daniel Marks	Telephone	201 825 1711
Title and Company	General Counsel, PTT LLC (d/b/a High 5 Games)		

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